		Effective December 8, 2004								10/567998			
		CLAIMS AS FILED - PART I						SMALL I	ENTITY		OTH OR SMAI	ER THAN	
t	J.S. NATION		olumn 1)	T	Column 2)	in 2)			_		L ENTIT		
┢	ASIC FEE		 	SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		RATE	FE		RATE	FEI	
F	XAMINATION		CT Article 33(1)-	<u> </u>	All other situations =		BASIC FEE		\perp	DR BASIC FEE	34		
F			(4) =	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	Sa	
S	EARCH FEE		ALL other	ALL other countries = \$ 200 / \$ 400		ther situations = \$ 250 / \$ 500		SEARCH FE	ε		SEARCH FE	E 400	
FE	E FOR EXTR	A SPEC. PGS.		minus 100 =		/ 50 =		X \$ 125	=		X \$ 250	=	
TC	TAL CHARGE	EABLE CLAIMS	7	minus 20 =	•	X:		X \$ 25 =		01	R X \$ 50 =		
INI	DEPENDENT	CLAIMS		minus 3 =			1	X \$ 100 =	:	OF	R X \$ 200 =	=	
ML	MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =		OF	+ \$ 360 =	-	
• 1	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OF	TOTAL	 	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus		=] .	X \$ 25 =		OR	X \$ 50 =		
	Independent	1.	Minus	***	=			X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column :	2) (Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
UNICINDIMENT	Total	•	Minus	**	=			X \$ 25 =		OR	X \$ 50 =		
	ndependent	•	Minus	***	= ·			X \$ 100 =		OR	X \$ 200 =	·	
	FIRST PRESI	ENTATION OF M	ULTIPLE DEP	TIPLE DEPENDENT CLAIR				+ \$ 180 =		OR	+\$ 360 =		
	•									OR	TOTAL ADDIT. FEE		
						•		FEE L					
3.			•		•							İ	
	the "Highest Nun	nn 1 is less than the nber Previously Paid	FOR IN THIS SE	ACE is less than	1 '20', ent	er "20" .					-		
		ther Previously Paid per Previously Paid I					n the	appropriate box is	ociuma 1.				

FORM PTO-875 (Rev. 02/2005)

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